



Document Number:

2071855

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 96850
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC
3. Address: 1001 17TH STREET - SUITE #1200
City: DENVER State: CO Zip: 80202
4. Contact Name: ANGELA NEIFERT
Phone: (303) 6064398
Fax: (303) 6298285

5. API Number 05-045-17346-00
6. County: GARFIELD
7. Well Name: JOLLEY
Well Number: KP 511-16
8. Location: QtrQtr: SWNW Section: 16 Township: 6S Range: 91W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>COZZETTE</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>02/25/2010</u>	Date of First Production this formation: <u>02/27/2010</u>
Perforations Top: <u>7888</u> Bottom: <u>7924</u>	No. Holes: <u>16</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>500 GALS 7 1/2% HCL: 67101 # 20/40 SAND: 3160 BBLS SLICKWATER (SUMMARY)</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: _____ Hours: <u>1</u>	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate:	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: <u>FLOWING</u>	Casing PSI: _____ Tubing PSI: _____ Choke Size: <u>20/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u> BTU Gas: _____ API Gravity Oil: _____
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: _____	Sacks cement on top: _____

FORMATION: <u>CORCORAN</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>01/05/2010</u>		Date of First Production this formation: <u>01/16/2010</u>			
Perforations	Top: <u>7950</u>	Bottom: <u>8155</u>	No. Holes: <u>34</u>	Hole size: <u>35/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
1000 GALS 71/2% HCL: 1150400# 20/40 SAND: 5148 BBLS SLICKWATER(SUMMARY)					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>02/02/2010</u>	Hours: <u>1</u>	Bbls oil: _____	Mcf Gas: <u>201</u>	Bbls H2O: _____	
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____
Test Method: <u>FLOWING</u>	Casing PSI: <u>474</u>	Tubing PSI: <u>137</u>	Choke Size: <u>20/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: _____	API Gravity Oil: _____		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: <u>ROLLINS</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>04/07/2010</u>		Date of First Production this formation: <u>04/08/2010</u>			
Perforations	Top: <u>7538</u>	Bottom: <u>7636</u>	No. Holes: <u>20</u>	Hole size: <u>35/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
500 GALS 7 1/2% HCL: 86709# 20/40 SAND: 2153 BBLS SLICKWATER(SUMMARY)					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: _____	Hours: <u>1</u>	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____
Test Method: <u>FLOWING</u>	Casing PSI: _____	Tubing PSI: _____	Choke Size: <u>20/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: _____	API Gravity Oil: _____		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 05/12/2010 Date of First Production this formation: 05/13/2010

Perforations Top: 6380 Bottom: 7302 No. Holes: 68 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: ☐

1513 GALS 7 1/2% HCL; 369073 # 20/40 SAND; 21228 BBLS SLICKWATER (SUMMARY)

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: _____ Hours: 1 Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: FLOWING Casing PSI: _____ Tubing PSI: _____ Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: _____ API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: ANGELA NEIFERT

Title: PERMIT TECHNICIAN Date: 9/10/2010 Email ANGELA.NEIFERT@WILLIAMS.COM

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Attachment Check List

Att Doc Num	Name
2071855	FORM 5A SUBMITTED
2071856	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	req test info	4/14/2011 12:46:28 PM

Total: 1 comment(s)